

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael H. Dunn
Serial No.: 10/816,537
Filed: April 1, 2004
Title: Virtual Flip Chart Method and Apparatus
Art Unit: 2629
Examiner: Sheng, Tom V.
Our Ref.: 871462.00024.PA124238-0-US

PETITION TO WITHDRAW FROM ISSUANCE
PURSUANT TO 37 CFR 1.313(C)

Office of Petitions
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby petitions to withdraw the above-referenced patent application from Issuance pursuant to 37 CFR 1.313(c)(2) in order to file a Request for Continued Examination (RCE) pursuant to 37 CFR 1.114. The RCE is being filed in order to allow the Patent Office to consider additional prior art references that recently became known to the Applicant prior to issuance of the patent.

The Issue Fee for this application has not been paid.

Applicant submits herewith a "Request for Continuing Examination" Transmittal along with the submission of an Information Disclosure Statement, including copies of the cited prior art documents.

Adjustment Date: 06/11/2010 LDIEP1
06/08/2010 INTERSW 00004047 170055 10816537
01 FC:1464 130.00 CR

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Applicant further submits herewith a Fee Transmittal authorizing the Commissioner to withdraw the \$130 fee for the instant Petition pursuant to 37 CFR 1.17(h) and the \$810 fee for the RCE pursuant to 37 CFR 1.17(e), for a total of \$940, along with any additional fees deemed necessary arising from this, or any other, communication from Deposit Account No. 17-0055.

Respectfully submitted,

Michael H. Dunn

Dated: 6-7-10

By: 

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Attorney for Applicant
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Reg. No. 37,551

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>06/10/10</u>		2 Serial/Patent # <u>10/816,537</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
X	Petition 1464		06/07/10	\$ 130.00							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND								
			\$ 130.00								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	X	Credit Deposit A/C #:								
	Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>1</td><td>7</td><td>--</td><td>0</td><td>0</td><td>5</td><td>5</td></tr></table>		1	7	--	0	0	5	5
1	7	--	0	0	5	5					
X	No Fee Due (Explanation):										
The petition is dismissed as moot; the petition is unnecessary.											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Irvin Dingle</u>		TITLE: <u>Paralegal</u>									
SIGNATURE: <u>/Irvin Dingle/</u>		PHONE: <u>2-3210</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u><i>[Signature]</i></u>		DATE: <u>6/11/10</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**